# Union Calendar No. 18

111TH CONGRESS 1ST SESSION

# H. R. 20

[Report No. 111-48]

To provide for research on, and services for individuals with, postpartum depression and psychosis.

# IN THE HOUSE OF REPRESENTATIVES

January 6, 2009

Mr. Rush (for himself, Mrs. Napolitano, Mrs. Capps, Mr. Farr, Ms. Hirono, Mr. Hinchey, Mr. Baca, Mr. Kennedy, and Mrs. Gillibrand) introduced the following bill; which was referred to the Committee on Energy and Commerce

### March 23, 2009

Additional sponsors: Ms. Edwards of Maryland, Mr. Carnahan, Mr. Murphy of Connecticut, Mr. Filner, Ms. Schakowsky, Mr. Markey of Massachusetts, and Ms. Sutton

### March 23, 2009

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on January 6, 2009]

# A BILL

To provide for research on, and services for individuals with, postpartum depression and psychosis.

1	Be it enacted by the Senate and House of Representa-
2	tives of the United States of America in Congress assembled,
3	SECTION 1. SHORT TITLE.
4	This Act may be cited as the "Melanie Blocker Stokes
5	Mom's Opportunity to Access Health, Education, Research,
6	and Support for Postpartum Depression Act" or the
7	"Melanie Blocker Stokes MOTHERS Act".
8	SEC. 2. DEFINITIONS.
9	For purposes of this Act—
10	(1) the term "postpartum condition" means
11	postpartum depression or postpartum psychosis; and
12	(2) the term "Secretary" means the Secretary of
13	Health and Human Services.
14	TITLE I—RESEARCH ON
15	POSTPARTUM CONDITIONS
16	SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-
17	TIES.
18	(a) Continuation of Activities.—The Secretary is
19	encouraged to continue activities on postpartum conditions.
20	(b) Programs for Postpartum Conditions.—In
21	carrying out subsection (a), the Secretary is encouraged to
22	continue research to expand the understanding of the causes
23	of, and treatments for, postpartum conditions. Activities
24	under such subsection shall include conducting and sup-
25	porting the following:

1	(1) Basic research concerning the etiology and
2	causes of the conditions.
3	(2) Epidemiological studies to address the fre-
4	quency and natural history of the conditions and the
5	differences among racial and ethnic groups with re-
6	spect to the conditions.
7	(3) The development of improved screening and
8	diagnostic techniques.
9	(4) Clinical research for the development and
10	evaluation of new treatments.
11	(5) Information and education programs for
12	health care professionals and the public, which may
13	include a coordinated national campaign to increase
14	the awareness and knowledge of postpartum condi-
15	tions. Activities under such a national campaign
16	may—
17	(A) include public service announcements
18	through television, radio, and other means; and
19	(B) focus on—
20	(i) raising awareness about screening;
21	(ii) educating new mothers and their
22	families about postpartum conditions to
23	promote earlier diagnosis and treatment;
24	and

1	(iii) ensuring that such education in-
2	cludes complete information concerning
3	postpartum conditions, including its symp-
4	toms, methods of coping with the illness,
5	and treatment resources.
6	SEC. 102. SENSE OF CONGRESS REGARDING LONGITUDINAL
7	STUDY OF RELATIVE MENTAL HEALTH CON-
8	SEQUENCES FOR WOMEN OF RESOLVING A
9	PREGNANCY.
10	(a) Sense of Congress.—It is the sense of Congress
11	that the Director of the National Institute of Mental Health
12	may conduct a nationally representative longitudinal study
13	(during the period of fiscal years 2009 through 2018) of
14	the relative mental health consequences for women of resolv-
15	ing a pregnancy (intended and unintended) in various
16	ways, including carrying the pregnancy to term and par-
17	enting the child, carrying the pregnancy to term and plac-
18	ing the child for adoption, miscarriage, and having an
19	abortion. This study may assess the incidence, timing, mag-
20	nitude, and duration of the immediate and long-term men-
21	tal health consequences (positive or negative) of these preg-
22	nancy outcomes.
23	(b) Report.—Beginning not later than 3 years after
24	the date of the enactment of this Act, and periodically there-
25	after for the duration of the study, such Director may pre-

1	pare and submit to the Congress reports on the findings			
2	of the study.			
3	TITLE II—DELIVERY OF SERV-			
4	ICES REGARDING			
5	POSTPARTUM CONDITIONS			
6	SEC. 201. ESTABLISHMENT OF GRANT PROGRAM.			
7	Subpart I of part D of title III of the Public Health			
8	Service Act (42 U.S.C. 254b et seq.) is amended by inserting			
9	after section 330G the following:			
10	"SEC. 330G-1. SERVICES TO INDIVIDUALS WITH A			
11	POSTPARTUM CONDITION AND THEIR FAMI-			
12	LIES.			
13	"(a) In General.—The Secretary may make grants			
14	to eligible entities for projects for the establishment, oper-			
15	ation, and coordination of effective and cost-efficient sys-			
16	tems for the delivery of essential services to individuals with			
17	a postpartum condition and their families.			
18	"(b) Certain Activities.—To the extent practicable			
19	and appropriate, the Secretary shall ensure that projects			
20	funded under subsection (a) provide education and services			
21	with respect to the diagnosis and management of			
22	postpartum conditions. The Secretary may allow such			
23	projects to include the following:			
24	"(1) Delivering or enhancing outpatient and			
25	home-based health and support services, including			

1	case management and comprehensive treatment serv-
2	ices for individuals with or at risk for postpartum
3	conditions, and delivering or enhancing support serv-
4	ices for their families.
5	"(2) Delivering or enhancing inpatient care
6	management services that ensure the well-being of the
7	mother and family and the future development of the
8	infant.
9	"(3) Improving the quality, availability, and or-
10	ganization of health care and support services (in-
11	cluding transportation services, attendant care, home-
12	maker services, day or respite care, and providing
13	counseling on financial assistance and insurance) for
14	individuals with a postpartum condition and support
15	services for their families.
16	"(4) Providing education to new mothers and, as
17	appropriate, their families about postpartum condi-
18	tions to promote earlier diagnosis and treatment.
19	Such education may include—
20	"(A) providing complete information on
21	postpartum conditions, symptoms, methods of
22	coping with the illness, and treatment resources;
23	and
24	"(B) in the case of a grantee that is a State,
25	hospital, or birthing facility—

1	"(i) providing education to new moth-			
2	ers and fathers, and other family members			
3	as appropriate, concerning postpartum con-			
4	ditions before new mothers leave the health			
5	facility; and			
6	"(ii) ensuring that training programs			
7	regarding such education are carried out at			
8	the health facility.			
9	"(c) Integration With Other Programs.—To the			
10	extent practicable and appropriate, the Secretary may inte-			
11	grate the grant program under this section with other grant			
12	programs carried out by the Secretary, including the pro-			
13	gram under section 330.			
14	"(d) Certain Requirements.—A grant may be			
15	made under this section only if the applicant involved			
16	makes the following agreements:			
17	"(1) Not more than 5 percent of the grant will			
18	be used for administration, accounting, reporting,			
19	and program oversight functions.			
20	"(2) The grant will be used to supplement and			
21	not supplant funds from other sources related to the			
22	treatment of postpartum conditions.			
23	"(3) The applicant will abide by any limitations			
24	deemed appropriate by the Secretary on any charges			
25	to individuals receiving services pursuant to the			

1	grant. As deemed appropriate by the Secretary, such
2	limitations on charges may vary based on the finan-
3	cial circumstances of the individual receiving services.
4	"(4) The grant will not be expended to make
5	payment for services authorized under subsection (a)
6	to the extent that payment has been made, or can rea-
7	sonably be expected to be made, with respect to such
8	services—
9	"(A) under any State compensation pro-
10	gram, under an insurance policy, or under any
11	Federal or State health benefits program; or
12	"(B) by an entity that provides health serv-
13	ices on a prepaid basis.
14	"(5) The applicant will, at each site at which the
15	applicant provides services funded under subsection
16	(a), post a conspicuous notice informing individuals
17	who receive the services of any Federal policies that
18	apply to the applicant with respect to the imposition
19	of charges on such individuals.
20	"(6) For each grant period, the applicant will
21	submit to the Secretary a report that describes how
22	grant funds were used during such period.
23	"(e) Technical Assistance.—The Secretary may
24	provide technical assistance to entities seeking a grant

1	under this section in order to assist such entities in com-				
2	plying with the requirements of this section.				
3	"(f) Definitions.—In this section:				
4	"(1) The term 'eligible entity' means a public or				
5	nonprofit private entity, which may include a State				
6	or local government; a public or nonprofit private re-				
7	cipient of a grant under section 330H (relating to the				
8	Healthy Start Initiative), public-private partnership,				
9	hospital, community-based organization, hospice, am-				
10	bulatory care facility, community health center, mi-				
11	grant health center, public housing primary care cen-				
12	ter, or homeless health center; or any other appro-				
13	priate public or nonprofit private entity.				
14	"(2) The term 'postpartum condition' means				
15	postpartum depression or postpartum psychosis.".				
16	TITLE III—GENERAL				
17	<b>PROVISIONS</b>				
18	SEC. 301. AUTHORIZATION OF APPROPRIATIONS.				
19	To carry out this Act and the amendment made by				
20	section 201, there are authorized to be appropriated, in ad-				
21	dition to such other sums as may be available for such pur-				
22	pose—				
23	(1) \$3,000,000 for fiscal year 2009; and				
24	(2) such sums as may be necessary for fiscal				
25	years 2010 and 2011.				

## 1 SEC. 302. REPORT BY THE SECRETARY.

- 2 (a) Study.—The Secretary shall conduct a study on
- 3 the benefits of screening for postpartum conditions.
- 4 (b) Report.—Not later than 2 years after the date
- 5 of the enactment of this Act, the Secretary shall complete
- 6 the study required by subsection (a) and submit a report
- 7 to the Congress on the results of such study.

### 8 SEC. 303. LIMITATION.

- 9 Notwithstanding any other provision of this Act or the
- 10 amendment made by section 201, the Secretary may not
- 11 utilize amounts made available under this Act or such
- 12 amendment to carry out activities or programs that are du-
- 13 plicative of activities or programs that are already being
- 14 carried out through the Department of Health and Human
- 15 Services.

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